

d.—MENTAL PATHOLOGY.

INSANITY IN SWEDEN.—According to official statistics (*Allgemeine Zeitschrift für Psychiatrie*, 1884), the types of insanity under care in Sweden during 1881 were as follows:

	Male.	Female.	Total.
Mania	272	308	580
Melancholia	208	230	438
Secondary confusional insanity	224	164	388
Paranoia	214	205	419
Dementia	205	181	386
Idiocy	37	38	75
Paretic dementia	59	6	65
Epileptic insanity	55	21	76
	794	615	1,409

There are probably more insane than these in Sweden, but they escape attention by reason of the population being largely rural.

AGE AND CURABILITY OF INSANITY.—Dr. Pliny Earle (Report of State Hospital, Northampton, Mass., for 1884) says: The question of curability and incurability, as reported by the superintendents of the institutions for the insane, is to some extent affected by an agent other than that of the duration of the disease before the patient is subjected to curative treatment in the hospital: the *age* of the patient. As a rule, persons in early and middle life are more likely to recover than those who are more advanced in years. This, of course, might be expected, inasmuch as they retain to a greater degree their original vigor of constitution, and are consequently more susceptible to the influence of remedial agents. But the practice is apparently increasing of bringing to the hospital persons of the latter class. Among the patients received in the course of the last year, there was one who was over eighty years of age, and no less than seven whose ages ranged between seventy and eighty years, three of them being seventy-five or more. It cannot be expected, unless in very exceptional cases, that persons so far advanced will ever recover their mental soundness. Most frequently the unsoundness is the consequence of old age, and the beginning of the breaking down of the constitution. Aside from the incurability of these patients, there is another question which has an important bearing upon the propriety of sending them to the hospitals. They have so long been accustomed to the independence of home, and to all their home-like comforts and associations, that the removal of them to a public institution, where that independence is measurably lost, and where they are subjected to new surroundings, as well as to a certain degree of discipline to which they have never been accustomed, but which is absolutely necessary to the best welfare of the inmates, has a detrimental rather than a beneficial effect. They cannot accustom themselves

to this new mode of life. It is strange and uncongenial. Under these circumstances, the little vigor of constitution which yet remains to them begins to fail, and their lives are brought to an end, not infrequently, much sooner than they probably would have been had not the life of home been exchanged for life in a public institution. Now while there is much soundness in these remarks, the fact cannot be denied that senile lunatics are both troublesome and dangerous to manage at home, as they are liable to commit arson, to be lascivious, querulent, and errabund, and to otherwise endanger themselves.

INEBRIETY AS AN HEREDITARY INFLUENCE ON INSANITY.—Dr. H. M. Hard (Report Michigan State Board of Health, 1884) says that, from all the facts which have come to his knowledge, he had no hesitation in saying that at least ten per cent. of all insane persons at present under treatment in his asylum owe their predisposition to mental disease to an inebriate heredity. The greater proportion of females inheriting this predisposition is due to the fact that daughters are much more liable to inherit the mental and physical characteristics and defects of their fathers, while sons inherit similarly from their mothers; and for obvious reasons fathers are much more liable than mothers to transmit the degenerations and diseased tendencies which originate in alcoholic indulgence. In females, too, the tendency is to the development of a more active form of insanity, and the probabilities of recovery are correspondingly better. In males there is a relatively greater tendency to the development of degenerative forms of disease. This is probably due to the fact that when mental and physical characteristics are derived by males from the father the mental equilibrium and physical vigor are not as uniformly maintained as when these characteristics are derived from the mother, and hence the probability of a degenerative brain change is increased if the father is an inebriate. The same is also true of females when a neurosis is derived from an inebriate mother, whose characteristics they inherit. The female children suffer in relative frequency from the following psychoses: Mania, dementia, melancholia, epileptic seizures, and idiocy. Males suffer from dementia most frequently, next from mania, then from epilepsy, melancholia, and idiocy. If both father and mother are intemperate, there is an increased tendency to epilepsy or imbecility. If inebriety be present in one parent and insanity in another, an incurable form of insanity is very apt to be developed in the children. In the majority of cases mental disease develops itself at the period of life when the greatest strain comes upon the endurance of the individual—that is, between the ages of twenty and forty-five years. Between these years women suffer from the perils and accidents of child-bearing. They have the cares and responsibilities of families, and undergo the fatigue and exhaustion consequent upon the care of children and the nursing of the sick. Men